

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/669,471-Conf. #4852</td> </tr> <tr> <td>Filing Date</td> <td>September 25, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Kouji YOKOUCHI</td> </tr> <tr> <td>Examiner Name</td> <td>F. I. Echichiyoa</td> </tr> <tr> <td>Art Unit</td> <td>2162</td> </tr> <tr> <td>Attorney Docket No.</td> <td>2091-0292P</td> </tr> </table>		Application Number	10/669,471-Conf. #4852	Filing Date	September 25, 2003	First Named Inventor	Kouji YOKOUCHI	Examiner Name	F. I. Echichiyoa	Art Unit	2162	Attorney Docket No.	2091-0292P
Application Number	10/669,471-Conf. #4852														
Filing Date	September 25, 2003														
First Named Inventor	Kouji YOKOUCHI														
Examiner Name	F. I. Echichiyoa														
Art Unit	2162														
Attorney Docket No.	2091-0292P														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT		(\$) 490.00													

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES	
Fee Description	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52
Each independent claim over 3 (including Reissues)	220
Multiple dependent claims	390

Total Claims Extra Claims Fee (\$) Fee Paid (\$)		Multiple Dependent Claims	
_____ - or HP = _____ x _____ = _____		Fee (\$) Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)			
_____ - or HP = _____ x _____ = _____			
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$) Fee Paid (\$)
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____

4. OTHER FEE(S)	
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>1252 Extension for response within second month</u> <u>490.00</u>	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,917
Name (Print/Type)	Chad J. Billings	Telephone	(703) 205-8000
		Date	January 8, 2009